

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 4-19-10

**Address:** 1091 N 400 E

**Case #:** 24F31411

Warsaw, In

**County:** Kosciusko

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open -- No Structure  
☐ Other: burned residence

## **Items Found: Location** (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: open air  
☒ Water Reactive Metal (Lithium): open air  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): open air  
☒ Corrosive Acid: open air  
☒ Corrosive Base: open air  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☒ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: Warsaw Fire

Fax: 574-267-3276

Health Department: Kosciusko Co

Fax: (574) 269-2023

Child Protection Service: n/a

Fax: n/a

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Aaron Campbell Phone 574-546-4900

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.